

EXHIBIT A

SANJAY R. GANPULE, M.D.

HEMATOLOGY & ONCOLOGY

DIPLOMATE OF THE AMERICAN BOARDS OF INTERNAL MEDICINE AND ONCOLOGY

1310 Las Tablas Road, Suite 204
Templeton, CA 93465

November 8, 2006

RE: RONALD BRATTON
MR#: 6418

J 45341
Parkinson

Phone: (805)-434-0333

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PRESENTING COMPLAINT: This is a 58-year-old gentleman whom I am seeing for further elevation of his elevated white count. Evaluation of the lab data from Soledad shows that in September 2006, he had a fairly normal chemistry panel. CBC done on October 6, 2006 shows a white count of 18.9 K, hemoglobin 13.3 g%, and platelet count is 176,000.

I do note that he has an increasing percentage of lymphocytes. Globally, the patient feels well with no fever, chills, or night sweats noted. The patient does admit that in 2002, he was felt to have diagnosis of CLL when, I believe at that time, he had his routine CBC on admission to Soledad. He does not recall the height of the white count, but at that time he was told that he had chronic lymphocytic leukemia.

PAST MEDICAL HISTORY: Positive for hypertension and torn knee cartilage.

PRESENT MEDICATIONS: Include doxepin and hydrochlorothiazide. He is also on nifedipine, Prilosec, and topical ointment for his skin rash.

ALLERGIES: None.

SOCIAL HISTORY: The patient is an ex-smoker. He denies any significant alcohol usage. His wife is well, two sons and two daughters are well.

REVIEW OF SYSTEMS: On review of the new patient intake form, no specific problems were noted. Specifically he denies any fever, chills, night sweats. Denies any abnormal lymph node enlargement per se.

PHYSICAL EXAMINATION: Examination today he looks basically well. Vital signs show a weight 185 pounds. Blood pressure 148/88, pulse 80 and afebrile. He looks comfortable. He is not jaundiced or anemic certainly. Chest examination is entirely clear. Heart sounds appear normal. Abdomen: Unremarkable, specifically negative for hepatosplenomegaly. There is no lymphadenopathy either. Ambulation, gait, coordination are basically fine.

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ORIGINAL

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ASSESSMENT AND PLAN: CBC was again redrawn for CBC count, white count on admission is 19.3K, hemoglobin 13.5g%, platelet count 196,000 with in fact 60% lymphocytes.

Clinically, this is most likely consistent with a chronic lymphocytic leukemia.

I will obtain a flow cytometry today to confirm the diagnosis. Presently, he seems to have very early stage disease. I had a long talk with him regarding the present prognosis, which is overall favorable. Presently, I do not think he needs any more evaluation and the chemistry panel recently was fairly normal. From my perspective, he will just basically require observations in terms of white counts. He has done well with an initial diagnosis in 2002 without overt clinical progression. Recommendations therefore would revolve round obtaining a CBC perhaps every four months for routine evaluation and reevaluate the situation, as his count develops. Indications of treatment would be a rapid rising white count, decrease in performance status and decreased hemoglobin or platelet count. If he has abdominal pain and increased lymph nodes then we will also evaluate these sequentially.

Therefore, we will recommend CBC on perhaps an every four month basis for now.

S.R. Ganpule
Sanjay R. Ganpule, M.D.

SRG/pkj/dpa

cc: California Department of Corrections, Soledad
Medical Department

CENTRAL COAST PATHOLOGY CONSULTANTS, Inc.

A Medical Group

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Tel # (805) 541-6033 Fax # (805) 541-6116

3701 S. Higuera Street Ste. 200 San Luis Obispo, CA 93401

Patient: BRATTON, RONALD

Accession #: TWS-06-13636

Date Coll/Rec'd: 11/8/2006 - 11/8/2006

J45341
Paul Bratton

Sex: M

DOB: 3/11/1948

MRN: CDC#J45341

Physician: GANPULE, SANJAY M.D.
 SOLEDAD CORRECTIONAL

SPECIMEN RECEIVED: A) Flow cytometry, interpretation

CLINICAL HISTORY: CLL: 202.0 = Nodular lymphoma, V58.69 = Long-term (current) use of other medications

GROSS DESCRIPTION: Received are two green top tubes of peripheral blood plus one purple top tube of peripheral blood labeled with the patient's name and date-of-birth. All three are forwarded to US LABS for flow cytometric analysis.

MVF/sw/dl

FLOW CYTOMETRIC ANALYSIS: Peripheral blood was submitted to US Laboratories, Inc. (Irvine, CA) for the technical component of immunophenotypic analysis (Accession #AFT-06-027274). Professional interpretation is performed in our laboratory.

Cell count: 7,800 cells/mm³. Viability (by 7-AAD): 80%.Gates analyzed:

Atypical lymphocyte	45%
Lymphocyte (str CD45/low SSC)	5%
Monocyte (str CD45/mod SSC)	2%
Granulocyte (weak to mod CD45/extended side scatter)	45%
Debris/nRBC (CD45 neg/low SSC)	1%

COPY

Antigen tested: sKappa, sLambda, CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11c, CD13, CD14, CD19, CD20, CD23, FMC7, CD33, CD34, CD38, CD45, CD56, CD64, CD117, HLA-DR

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Detailed results:

Results (lymphocyte gate = 5% of total events):

B-cell	% Positive
CD10	0%
CD19	3%
CD20	3%
CD23	7%
FMC7	2%
sKappa	2%
sLambda	1%
CD5/19	89%

Results (lymphocyte gate = 5% of total events):

T/NK-cell	% Positive
CD2	85%
CD3	70%
CD4	57%
CD5	70%
CD7	88%
CD8	23%
CD56	28%

Results (Atypical lymphocyte gate = 45% of total events):

	% Positive		% Positive
CD2	0%	CD11c	85%
CD3	0%	CD13	4%
CD4	0%	CD14	0%
CD5	93%	CD33	1%
CD7	1%	CD64	0%
CD8	0%	CD34	0%
CD10	0%	CD117	1%
CD19	99%	CD38	3%
CD20	87%	CD45	100%
CD23	90%	CD56	0%
FMC7	10%	HLA-DR	99%
sKappa	0%	CD79a	68%
sLambda	13%	CD5/19	89%
cKappa	28%	TdT	0%
cLambda	1%	CD34	0%

Date: 11/10/2006 Time: 1:42 PM To: SOLEDAD CORRECTIONAL, . @ 1031678-5908

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Results (myeloid gate = 4.5% of total events):

Myeloid	% Positive
CD11c	85%
CD13	4%
CD14	0%
CD33	1%
CD64	0%

Interpretation: Flow cytometric analysis demonstrates the following distribution of leukocytes: 45% granulocytes; 2% monocytes; 5% lymphocytes and 46% atypical lymphocytes. The latter monoclonal B-cells that show decreased CD45 and express CD19, weak and heterogeneous CD20, CD5, cCD79a, CD23, cytoplasmic kappa light chains and very weak/absent surface kappa light chains, but not CD10, significant FMC7, CD38, CD34 or TdT (data shown in above table).

This test uses analyte specific reagents (ASRs). The performance characteristics of these ASRs were determined by US Labs. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary.

DIAGNOSIS:

Peripheral blood (flow cytometric analysis):

- CD5-POSITIVE B-CELL LYMPHOPROLIFERATIVE PROCESS
- SEE COMMENT

COMMENT: The patient is a 58-year-old male with lymphocytosis and the clinical impression, per Dr. Ganpule, is that of CLL. We do not have a peripheral smear for review. Nonetheless, the peripheral blood flow cytometry study shows a population of monoclonal B-cells that express CD5 and the overall immunophenotype supports chronic lymphocytic leukemia (CLL) wherein the B-cells express CD19, weak and heterogeneous CD20, CD5, cCD79a, CD23, cytoplasmic kappa light chains and very weak/absent surface kappa light chains, but not CD10, FMC7, CD38, CD34 or TdT. The decreased expression of CD45 warranted exclusion of a lymphoblastic process; however, the absence of CD10, CD34 and TdT does not support this scenario and a subset of cases of CLL are known to have decreased CD45 expression. Mantle cell lymphoma is another CD5-positive B-cell lymphoproliferative process; however, the overall immunophenotype in this case does not support MCL. Nonetheless, if there is clinical concern for MCL then a repeat sample should be submitted for BCL1 (mantle cell marker) analysis. Finally, while the overall immunophenotype supports CLL, we recommend submission of a peripheral blood sample for peripheral smear evaluation so that we can confirm that the cells morphologically appear compatible with CLL cells and to exclude a significant component of prolymphocytes. Case discussed with Dr. Ganpule on 11/10/06.

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MICHAEL V FROST M.D.
Hematopathologist
Electronically signed 11/10/2006 1:37:10PM